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TO: Official Application Related Correspondance - United States Patent and Trademark Office

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Application No.: 10/689,910

Inventor(s): Ekanayake et al.


Filed: 10/21/2003

Docket No.: 9390

Confirmation No.: 3978

FACSIMILE TRANSMITTAL SHEET AND**CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8**

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- 1) RCE transmittal – in duplicate
- 2) Amendment w/RCE – 6 pgs.
- 3) Fee transmittal – in duplicate
- 4)
- 5)

Number of Pages Including this Page: 11

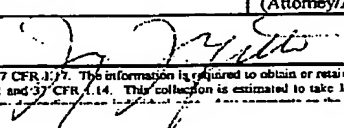
Comments:

PTO/SB/17 (1-06)
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| | | |
|---|--------------------------|------------|
| FEE TRANSMITTAL for FY 2007 Patent fees are subject to annual revision. Effective December 8, 2004 | Complete if Known | |
| | Application Number | 10/689,10 |
| | Confirmation Number | 3978 |
| | Filing Date | 10/21/2003 |
| | First Named Inventor | Ekanayake |
| | Examiner Name | Flood |
| | Art Unit | 1655 |
| TOTAL AMOUNT OF PAYMENT (\$790.00) | Docket No. | 9391 |

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| METHOD OF PAYMENT | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------------|--------------------------|--------------------------|---|------------------|--------------------------|--|--|--------------------------|--|--------------------------|----------------------------|--|--------------------------|--------------------------|--|-----------|--------------------------|--------------------------------------|----------------|--------------------------|---|---------|--------------------------|--|--------|--------------------------|---------------------------|--------------------------|--------------------------|------------------|---------|--------------------------|--|---------|--------------------------|--------------------------|-----------|--------------------------|---|-----------|--------------------------|----------------------------------|--------------------------|--------------------------------|
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company | 5. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$450)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,020)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,590)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,160)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td> <td>(\$50)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other: RCE under 37 CFR §1.17(c)</td> <td>(\$790)</td> <td><input type="checkbox"/> [790]</td> </tr> </tbody> </table> | Fee Description | Fee | Fee Paid | Extension for reply within 1 st month | (\$120) | <input type="checkbox"/> | Extension for reply within 2 nd month | (\$450) | <input type="checkbox"/> | Extension for reply within 3 rd month | (\$1,020) | <input type="checkbox"/> | Extension for reply within 4 th month | (\$1,590) | <input type="checkbox"/> | Extension for reply within 5 th month | (\$2,160) | <input type="checkbox"/> | Information Disclosure Statement fee | (\$180) | <input type="checkbox"/> | 37 CFR 1.16(f) Late Oath/Declaration (nonprovisional) | (\$130) | <input type="checkbox"/> | 37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet | (\$50) | <input type="checkbox"/> | Non-English specification | (\$130) | <input type="checkbox"/> | Notice of Appeal | (\$500) | <input type="checkbox"/> | Filing a brief in support of an appeal | (\$500) | <input type="checkbox"/> | Request for oral hearing | (\$1,000) | <input type="checkbox"/> | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) | <input type="checkbox"/> | Other: RCE under 37 CFR §1.17(c) | (\$790) | <input type="checkbox"/> [790] |
| Fee Description | Fee | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 1 st month | (\$120) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 2 nd month | (\$450) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 3 rd month | (\$1,020) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 4 th month | (\$1,590) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extension for reply within 5 th month | (\$2,160) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information Disclosure Statement fee | (\$180) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.16(f) Late Oath/Declaration (nonprovisional) | (\$130) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet | (\$50) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-English specification | (\$130) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notice of Appeal | (\$500) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing a brief in support of an appeal | (\$500) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request for oral hearing | (\$1,000) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: RCE under 37 CFR §1.17(c) | (\$790) | <input type="checkbox"/> [790] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION 2. BASIC FILING FEE - Large Entity <table border="1"> <thead> <tr> <th></th> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nonprovisional (\$300)</td> <td>(\$500)</td> <td>(\$200)</td> <td></td> <td></td> </tr> <tr> <td>Utility</td> <td></td> <td></td> <td>(Total = \$1000)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Design (\$200)</td> <td>(\$100)</td> <td>(\$130)</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>(Total = \$430)</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reissue (\$300)</td> <td>(\$500)</td> <td>(\$600)</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>(Total = \$1400)</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Provisional Utility filing fee</td> <td></td> <td>(Total = \$200)</td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | FILING FEE | SEARCH FEE | EXAMINATION FEE | Fee Paid | Application Type | | | | | Nonprovisional (\$300) | (\$500) | (\$200) | | | Utility | | | (Total = \$1000) | <input type="checkbox"/> | Design (\$200) | (\$100) | (\$130) | | | | | (Total = \$430) | | <input type="checkbox"/> | Reissue (\$300) | (\$500) | (\$600) | | | | | (Total = \$1400) | | <input type="checkbox"/> | Provisional Utility filing fee | | (Total = \$200) | | <input type="checkbox"/> | |
| | FILING FEE | SEARCH FEE | EXAMINATION FEE | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nonprovisional (\$300) | (\$500) | (\$200) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | | | (Total = \$1000) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design (\$200) | (\$100) | (\$130) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (Total = \$430) | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue (\$300) | (\$500) | (\$600) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (Total = \$1400) | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional Utility filing fee | | (Total = \$200) | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$)[] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$)[] | | Extra Claims | Fee from Below | Fee Paid | Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x | | <input type="checkbox"/> | <input type="checkbox"/> | Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x | | <input type="checkbox"/> | <input type="checkbox"/> | Multiple Dependent claims: | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Extra Claims | Fee from Below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent claims: | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SUBTOTAL (5) (\$) [790] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|---------------------|---|---------------------------------|-------------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Jerry J. Yetter | Telephone | (513) 627-2996 |
| Signature |  | Date | February 16, 2007 |
| | Registration No. (Attorney/Agent) | 26,598 | |

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed information to the USPTO. Time will be saved by the applicant by completing this form online rather than by mail.

